



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
9601 Steilacoom Blvd SW, Steilacoom, WA 98498-7213

June 2011

Dear Applicant:

Thank you for your interest in the Psychology Internship Program at Western State Hospital. You may obtain instructions and an application for the 2012-13 internship year via the Internet at www.appic.org. Our program adheres to APPIC Match Policies, which can be obtained via the Internet at: www.apic.org. Western State Hospital abides by APPIC's policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

All application materials

1) APPIC application form; 2) your current Vita and Graduate transcripts; 3) the academic program's Verification of Internship Eligibility and Readiness section of your application, signed by your Director of Training; 4) three (3) letters of reference; 5) a copy of one (1) of your psychological evaluations.

These materials must be Submitted via the APPIC portal by **November 15, 2011** to:

Sincerely,

Phyllis Knopp, PhD
Director of Training
Predoctoral Psychology Internship Program

WESTERN STATE HOSPITAL

**CLINICAL PSYCHOLOGY
INTERNSHIP PROGRAM
(Pre-Doctoral)**



2012 - 2013

AMERICAN PSYCHOLOGICAL ASSOCIATION ACCREDITATION



Although this description is accurate at the time of publication, our internship program is committed to a continuous process of self-evaluation and renewal. Consequently, it is possible that some aspects of the program may have changed by the time the internship year begins.

***Phyllis M. Knopp, Ph.D.
Director of Training
Pre-Doctoral Psychology Internship Program***

SUMMARY

APA ACCREDITATION

Western State Hospital's Predoctoral Clinical Psychology Internship Program was initiated in 1984. The program was provisionally accredited by the American Psychological Association (APA) in 1986. It was accredited in 1989. The most recent site visit by APA was conducted in spring 2011. The Internship Program follows the Practitioner-Scholar model. The APA Commission on Accreditation can be reached at 750 First St. NE, Washington, DC 20002, (202) 336-5979.

PHILOSOPHY

Western State Hospital's philosophy is to train interns for independent psychological practice by exposing them to a wide spectrum of patients with severe psychiatric disorders, promoting a mentoring relationship with senior professionals, and combining psychological practice with didactic learning. Because it is a forensic hospital, there obviously is a forensic focus of the internship. However, it is the belief of the internship committee that such training solidifies a psychologist's general learning and practice

GOALS AND OBJECTIVES

The primary goals flowing from our philosophy to train independent psychologist are:

- (1) To train interns in specific knowledge and skills for independent practice and
- (2) To engender interns with core professional abilities

The goal of developing knowledge and skills is defined by the following objectives:

- (a) Treating individuals with a wide variety of psychological problems
- (b) Performing competent assessments for the courts and as part of treatment
- (c) Conducting appropriate consultation
- (d) Understanding and choosing from various interventions for a given population

The goal of core professional abilities includes the following objectives:

- (a) Functioning in a professional and ethical manner
- (b) Appreciating the role of individual and cultural differences within the field of psychology
- (c) Conducting supervision with practicum students

REQUIREMENTS FOR COMPLETION

The following activities are expected to be completed satisfactorily:

- Three different four-month rotations (at least one of which is at the Special Commitment Center).
- Completion of at least one psychological evaluation (administer, score, interpret tests and write report) per rotation, depending on individual training needs.
- Demonstrate competency as a group therapist or co-therapist.
- Demonstrate competency in conducting individual therapy.
- Attendance at seminars.
- Completion of one case presentation during each rotation (per discretion of the supervisor and needs of the rotation site.)
- Completion of one presentation on a scholarly topic at the Intern Seminar Series.
- Completion of 2000 hours, minimum, of hospital experience.
- Demonstration of ethical conduct at all times. This includes full compliance with the APA Code of Ethics, Washington State's Ethics in Public Service Law, and Western State Hospital's Code of Ethics.
- Demonstrate competency in supervising practicum students

STRUCTURE

The internship year is September 1, 2012 to August 31, 2013, during which interns are expected to complete three four-month rotations. Rotation sites at Western State Hospital include the Center for Forensic Services, Psychiatric Treatment and Recovery Center, and Neuropsychology). Additional rotation sites include Child

Study and Treatment Center and the Special Commitment Center (required rotation). The rotation selection is intended to balance individual intern interests and training needs. Opportunities may be available for year-long provision of supervised individual and group psychotherapy.

SEMINARS

Interns participate in a theoretical and professional issues seminar series which generally runs weekly for about six months during the year and is presented by Psychology Department members. In addition, interns participate in a 12-session series addressing criminal forensic psychology issues. This series is presented by the Washington Institute of Mental Health Research and Training (WIMHRT).

SUPERVISION

Each intern receives a minimum of two hours of individual face-to-face supervision per week per APA requirements. An additional two additional hours of supervision which may include group supervision, supervision by other staff, peer supervision, and training opportunities for report writing and testifying are provided for each week. Additionally, interns are required to supervise a practicum student during at least one of their rotations.

EVALUATION

At the beginning of each rotation, the intern and supervisor complete the Pre-Assessment form regarding the intern's skills and experiences. Each rotation supervisor completes a mid-rotation evaluation and, at the completion of the rotation, produces a final evaluation of the intern's performance. Each intern completes an evaluation of the supervisor at the end of each rotation.

STIPEND

The twelve-month stipend is \$20,040 for 2000 hours of work. Interns are allowed 22.5 days to use at their discretion away from work. They are provided with four hours of research/dissertation time per week.

APPLICATION/SELECTION

Only those applicants from APA accredited clinical or counseling psychology programs are considered for the four available internship positions. Applicants from stand-alone forensic psychology programs will **not** be considered, since these programs are **not** APA accredited. Applicants from forensic psychology programs that are affiliated with APA accredited clinical or counseling programs will **not** be considered. Three years of graduate work and at least 500 hours of practicum experience are required prior to the internship year. Minority applicants are encouraged to apply. Applications from graduate programs outside the United States will not be considered at this time due to the limitations for retentions beyond the internship year posed by the J-1 visa for non-US students. Application materials, include the APPIC application form, a current vita and graduate transcript, the academic program's Verification of Internship Eligibility and Readiness section of the application signed by the Director of Training, three letters of recommendation, and a copy of a redacted psychological evaluation.

These materials must be posted to the APPIC Portal by November 15, 2011:

APA and APPIC guidelines are followed with regard to notification of acceptance and rejection.

Prior to internship contracts being signed, a Department of Social and Health Services background check is required after interns have been matched with our site. This form includes information regarding prior criminal convictions or charges pending for any crimes. The background check also addresses a history of physical or sexual abuse, abandonment, or neglect of any person, a question regarding contracts or licenses to provide care revoked or terminated, and any court issues of protection orders. Failure to pass the background check results in a contract not being signed with the intern. If an intern matched to us wants to work at the Child Study and Treatment Center (CSTC) or the Community Forensic Evaluation Service (CFES), further background checks need to be filled out prior to starting on those rotations. The CFES background checks relates to entries into jails and interns are required to provide information as to whether they have ever been charged with any crime, ever had a relationship with anyone who has been incarcerated, or ever bought, used, or distributed illegal substances.

STATEMENT OF NONDISCRIMINATION

The WSH internship program is committed to respecting and understanding cultural and individual diversity as reflected in its recruitment and retention policies for interns and staff, didactic and experiential training, nondiscriminatory policies and operating conditions, and avoidance of actions that restrict program access irrelevant to success. Diversity includes but is not limited to: age, disabilities, ethnicity, gender, gender Identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

We strongly encourage individuals of all ages, nationalities, sexual preference, ethnicities, religious backgrounds, genders and disabilities to apply to our program. We welcome and embrace diversity and have successfully trained interns representing the above diversities in our history.

Western State Hospital houses an ethnically diverse patient population, and interns have the opportunity to work with foreign language interpreters when treating patients whose first language is other than English. In addition, interns have the opportunity to work with American Sign Language interpreters to help communicate with patients who are hearing-impaired. The ASL interpreters are hospital employees.

Approximately 72% of those we serve are Caucasian, 15% African American, 4% Hispanic, 1% American Indian or Alaska Native, 5% Asian (includes Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, and Vietnamese). Of the psychologists on staff, approximately half are women. Caucasian, Asian, Hispanic, and African American psychologists are employed at WSH, SCC, or CSTC. Self-identified persons with a disability are also present among the psychology staff. Additionally, there are psychologists who identify themselves as gay or lesbian among our staff.

WESTERN STATE HOSPITAL

Western State Hospital, the first psychiatric facility in the Pacific Northwest, opened in August 1871. It is a state-owned psychiatric hospital for treatment of the mentally ill and is administered by the Department of Social and Health Services, Division of Mental Health. The hospital is situated on a 264-acre campus 1/2 mile from the town of Steilacoom, which is located on Puget Sound overlooking islands and the Olympic Peninsula. The Tacoma Narrows Bridge to the Olympic Peninsula is about 10 miles distant, and the hospital is located near Tacoma and about 40 miles south of Seattle. The historic Fort Steilacoom compound, with officers' quarters and parade grounds from the days when Ulysses Grant was a Captain, remains on the Western State Hospital Campus. On clear days there is an impressive view of Mount Rainier from hospital grounds.

Western State Hospital is an integral part of a comprehensive network of mental health service providers for the State of Washington. A primary Hospital objective is to provide residential treatment for those individuals whose psychiatric condition is so severe that local community treatment is not feasible. The Hospital also offers treatment for selected legal offenders who may benefit from treatment in a hospital setting. The hospital's mission is "To promote recovery and well-being in partnership with the people we serve." The ultimate goal is to restore independent functioning and reintegrate individuals back into their communities in the shortest time compatible with sound treatment philosophy. Upon discharge, patients are referred to local community mental health centers or to private practitioners for follow-up care.

The Hospital is organized around two major treatment units: Center for Forensic Services (CFS) and Psychiatric Treatment and Recovery Center (PTRC). Psychologists, physicians, psychiatrists, social workers, rehabilitation therapists and nursing staff provide care and services to a patient population of approximately 850 adults.

INTERNSHIP PROGRAM

The Western State Hospital Psychology Department is committed to providing high quality training experiences for interns. Interns have input into the development of the program, which has APA accreditation. The program provides opportunities to work with unique populations, including mentally ill offenders, and sex offenders.

Interns are allowed flexibility in structuring their activities during the year. As each unit has many different wards, opportunities for supervision and training can be unique, varied and adapted to suit different interests and training needs. Interns are free to explore rotations on any ward where a supervisor is available, and may obtain experience in the following areas:

1. **Evaluation of social, cognitive, psychological, behavioral and organic factors in psychopathology.** Training in clinical interviewing, and in the use of structured and unstructured psychological assessment techniques is provided. Among the assessment issues considered are diagnosis, suicide risk, trauma effects, amenability to treatment, dangerousness, need for involuntary commitment, and potential for recidivism. Western State Hospital patients present a wide range of psychopathology and varied diagnosis.
2. **Report writing and communication skills.** Effective written and verbal skills are important in communicating useful treatment recommendations to other colleagues, other professionals (e.g., court) and to patients. Interns are responsible for administering and interpreting psychological test batteries and preparing written reports during each rotation.
3. **Individual and group psychotherapy.** Therapeutic approaches used by current psychology staff members include behavior modification, cognitive-behavioral methods (e.g., dialectical behavior therapy, motivational interviewing, illness management and recovery), crisis intervention, trauma resolution, and skills building. Interns are expected to use these and other evidence-based treatments, as appropriate, to facilitate growth and recovery.
4. **Consultation.** Interns have opportunities to collaborate with multidisciplinary treatment teams. Team responsibilities include consultation regarding diagnosis, treatment plan formulation and implementation, management of difficult behaviors, and discharge planning.
5. **Forensic psychology.** The interface between psychology and the legal system is prominent at Western State Hospital because most patients are involuntarily committed under civil or criminal commitment statutes. Psychologists serve as expert witnesses to the court for determining the patient's danger to self, danger to others, and/or grave disability in cases of involuntary civil commitment; and

determination of competency to stand trial and criminal responsibility for cases involving criminal commitment. Interns will assist staff psychologists in various methods of evaluation, including interviewing and administering standardized psychological assessment techniques. They assist in preparing affidavits and reports for the court.

6. **Clinical research.** Interns are encouraged to pursue their independent research interests and/or to participate in ongoing research projects. Up to 10% of the intern's time is available for research and may be used for dissertation work.

Every effort is made to individualize the rotations to fit each intern's needs and interests. Internship rotations are described on the following pages.

DIVERSITY OPPORTUNITIES

The Mental Health Division of the Washington State Department of Social and Health Services (DSHS), which includes Western State Hospital, adopted a Diversity Initiative in 2001. The Initiative set forth goals for client services, employment, contracting, education and training.

Recruiting and hiring efforts to increase ethnic minority and disability representation at Western State Hospital are coordinated by the Washington State Department of Personnel. The Chief Financial Officer at Western State Hospital has made purchasing from and contracting with minority and women's business enterprises a priority.

The Western State Hospital Client Services Committee directs the hospital's client services efforts. The Client Services Committee is responsible for increasing hospital-wide understanding of various cultural, racial, and ethnic influences on the people we serve, and improving direct patient care. Training in diversity issues is mandatory for all staff, and a practical guide that incorporates understanding of cultural and ethnic differences into treatment activities is available on hospital wards. Psychology interns interested in diversity issues are invited to participate in the Client Services Committee.

CENTER FOR FORENSIC SERVICES (CFS)

Interns have the option of selecting from three forensic evaluation rotations in the CFS program: Inpatient Forensic Evaluation Service (IFES), Community Forensic Evaluation Service (CFES), and a treatment rotation on CFS. Interns can choose only one CFS rotation during their year in order to continue our mission of training interns in a generalist fashion. A combination CFS treatment and IFES rotation can be chosen. The CFES rotation cannot be combined with any other rotation.

Interns work directly with evaluating psychologists in the interview and testing process. Interns are expected to write several formal forensic evaluation reports, under supervision, during their rotation. CFS is a very busy service, conducting 2783 evaluations in 2010. The Inpatient Forensic Evaluation Service (IFES) conducted 1205 evaluations and the Community Forensic Evaluation Service (CFES) conducted 1578.

IFES serves up to 240 patients. The Community Program, is a transition program housing individuals previously found Not Guilty by Reason of Insanity (NGRI), but who are nearing the end of their treatment. Some of these are housed in the community and some on the community program ward.

CFES psychologists evaluate a large percentage of the referrals from Western Washington courts, although some courts direct that defendants be admitted to Western State Hospital for evaluation, rather than having them assessed by community evaluators. Some individuals cannot be evaluated on an outpatient basis because of their mental condition or lack of willingness to participate. CFES evaluations are typically conducted by one evaluator in jail settings or attorney offices. Some defendants released on their own recognizance, however, may appear at Western State Hospital for evaluation by an outpatient psychologist. Most defendants evaluated by CFES psychologists are misdemeanants or felony offenders without need of lengthy clinical observation.

IFES psychologists evaluate defendants who require clinical observation or orders for competency restoration in a hospital setting. The opportunity for observation, medications, and treatment services provided by many professional staff allows the intern an opportunity to interact with professionals in other disciplines. Evaluation of competency, mental state at the time of the offense, and dangerousness are major components of the inpatient evaluator's work.

CFS interns (IFES and CFES) may participate in the following:

1. Pre-trial evaluations of accused persons to determine diagnosis, mental state at the time of the alleged offense, competency to stand trial, and dangerousness. Interns who are accepted into this rotation may expect to spend the majority of their time administering and interpreting psychological tests and focused interviews, under supervision. Opportunities to observe expert testimony in court trials are provided.
2. Participation on a treatment team, with opportunity to assist with treatment plan development. (IFES Rotation Only)
3. Program development and management through regular attendance at treatment and staff meetings at the ward and program level.
4. Non-voting participation in standing committees that review patients for conditional release or discharge from treatment.
5. Psychological testing to aid in placement or treatment of criminally insane and conditionally released patients.

CFS TREATMENT ROTATION

Interns may also select the option of completing a Treatment rotation within CFS. CFS has eight treatment wards that serve patients who have been found Not Guilty by Reason of Insanity.

The Center also provides ongoing treatment through the Treatment and Recovery Center. Interns choosing a CFS Treatment rotation may participate in the following.

1. Group and individual therapy for selected patients.
2. Post trial evaluations of risk and use of actuarial assessment tools.
3. Non-voting participation on the Risk Review Board which reviews cases for possible conditional release and/or final discharge.
4. Participation on a treatment team and in the development of treatment plans for selected patients.
5. Psychological testing, suicide assessment and case consultation to treatment teams for purposes of identifying treatment needs and placement options.

PSYCHIATRIC TREATMENT AND RECOVERY CENTER (PTRC)

The Psychiatric Treatment and Recovery Center (PTRC) serves approximately 600 patients ranging in age from 18 to their 90's. It consists of 20 wards, each with a population of about 30 patients. The primary diagnoses of PTRC patients are schizophrenia, schizoaffective, and affective disorders. Patients are directly admitted to these wards after an initial evaluation and treatment in a community hospital. PTRC also houses a Habilitative Mental Health Unit, which serves 24 individuals with developmental disabilities who require intensive, structured behavioral interventions.

The PTRC population offers interns a unique opportunity to work with adults exhibiting a wide variety of psychological/psychiatric illnesses and a range of severity levels. In addition to working alongside a licensed psychologist, interns participate on a multidisciplinary treatment team consisting of a Psychiatrist, Social Worker, Physician assigned to medical care, RNs, LPNs, Pharmacist, Recreation and Occupational Therapists, and other nursing support personnel. Rotations can usually be tailored to accommodate interns' interests and educational/experiential needs.

Psychology interns serving a PTRC rotation are expected to:

1. Conduct group and individual psychotherapy for selected patients.
2. Become knowledgeable about the civil commitment process, assist in preparing court petitions for involuntary commitment and conditional releases, and observe involuntary commitment hearings.
3. Participate in multidisciplinary diagnostic evaluations of patients with mental, emotional, and/or organic dysfunction.
4. Administer, score, and interpret psychological tests and write comprehensive reports.
5. Develop specific behavioral treatment programs for designated patients, consulting with treatment team members and nursing staff to ensure consistent approaches to patient care.

NEUROPSYCHOLOGY

Clinical neuropsychology is an applied science that examines the impact of both normal and abnormal brain functioning on a broad range of cognitive, emotional, and behavioral functions. In the Neuropsychology Clinic, consultation requests are received from both hospital centers (PTRC and CFS). A diverse population of patients is referred for diagnostic and treatment planning purposes. Typical consult questions involve neurodegenerative diseases, traumatic brain injury, neurodevelopmental disabilities, polysubstance abuse, and/or a long history of chronic mental illness. Patients from CFS are referred for neuropsychological evaluations for the above consult questions as well as to obtain information regarding level of cognitive function for determination of competency and/or to assess symptom validity.

Western State Hospital employs a board-certified clinical neuropsychologist who has primary responsibility for the Neuropsychology Clinic. This individual provides consultation to staff psychologists and supervision to psychology interns and graduate practicum students. While rotating in the Neuropsychology Service, psychology interns learn to administer and score a variety of neuropsychological tests, conduct neurobehavioral examinations, write consultation reports, and provide feedback to patients and treatment teams regarding evaluation results and recommendations. The Neuropsychological Clinic tailors each battery of instruments to meet the needs of individual patients. Regardless of the instruments chosen for any particular patient, all interns will learn commonly administered tests in neuropsychology, such as the Wechsler scales and measures from the Halstead-Reitan Battery. The use of cognitive screening instruments, such as the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) and the Neurobehavioral Cognitive Status Examination (COGNISTAT), will be introduced, along with more ecologically driven instruments.

Efforts are made to tailor the rotation to meet interns' individual training needs and interest, depending on their level of experience and whether they want to pursue postdoctoral training in neuropsychology. All interns will typically see a minimum of one full case per week. For those pursuing careers in other fields of psychology, a graduate assessment course will be sufficient to take advantage of the neuropsychology rotation at a more general level and students of all levels are welcome. For interns interested in pursuing a career in neuropsychology, at least one neuropsychology practicum and academic coursework in the areas of neuropsychological theory, neuropsychological assessment techniques, functional neuroanatomy, and clinical neurology are recommended. Completing a rotation with the Neuropsychology Clinic, however, does not equip interns to function independently as clinical neuropsychologists. To function independently as a clinical neuropsychologist, one must complete 2 years of formal post-doctoral training in that specialty. Interested interns will receive concentrated instruction in preparation of post-doctoral training in neuropsychology, and guidance will be provided throughout the post-doctoral application process. It is recommended that prospective interns who are interested in pursuing a career in neuropsychology become familiar with the AACN practice guidelines (<http://www.theabcn.org>).

There is a weekly Neuropsychology Journal Club that the intern is required to attend. In addition, throughout the rotation, interns are provided with salient journal articles regarding the neuropsychology of various disorders and conditions, approaches to assessment, and professional issues in neuropsychology. There may be other opportunities to attend seminars at nearby institutions, such as the University of Washington.

CHILD STUDY AND TREATMENT CENTER (CSTC)

Child Study and Treatment Center (CSTC) is a State and federally funded, TJC accredited, long-term inpatient psychiatric hospital established to treat children and adolescents who cannot be served in less-restrictive settings. CSTC serves children from throughout the State of Washington and is the only state funded children's psychiatric hospital in Washington. CSTC has a 47-inpatient bed capacity on three separate cottages (units). On-grounds elementary and secondary schools provided by Clover Park School District are an integral part of the treatment model. All WSH Interns are welcome to attend monthly CEU continuing education and the CSTC Journal Club. Psychology interns spend the CSTC rotation on one or two of the following four programs (three inpatient treatment programs and the Forensic Services):

Camano Cottage (ages 5-12): This cottage's programming is formed around the Developmental Teaching/Developmental Therapy Model and has emphasized milieu work which is highly structured with numerous patient groups and family involvement (family therapy, Multiple Family Group Treatment). Camano functions as a cognitive behavioral program in which youth are reinforced for demonstrating positive behavior and working towards concrete, measureable goals.

Ketron Cottage (ages 12-14): This cottage's programming includes input from a number of therapies based on the premise that as the actual client cohort shifts over time some of their treatment needs will remain the same while other needs will change. Consequently group offerings, community meetings, milieu management, and individual therapy emphases will adjust as needed.

Orcas Cottage (ages 14-17): This cottage includes two programs. The General Population (GP) is for older adolescents who are able to participate in the CSTC program on cottage, at school, in recreation, and into the community. The Close Attention Program (CAP) is for older adolescents who due to their own functioning or legal status are allowed less latitude as well as receive most of their care on cottage. Dialectical Behavior Therapy, Social Skills, and Human Sexuality groups, are examples of the patient education and patient therapy groups offered. Forensic patients who are hospitalized for restoration to competency services will usually reside on Orcas Cottage. CSTC is also responsible for providing child and juvenile forensic services to the State of Washington's juvenile court system.

Forensic Services (ages 8-17): The intern's primary role is conducting outpatient forensic evaluations of minors for juvenile and adult courts across the state. The evaluations provide clinical diagnosis, risk assessment and competence or mental state ("insanity" or "diminished capacity") opinions. Interns participate in outpatient evaluations, report-writing for legal audiences, restoration to competence services for court-referred youths, and individual and group supervision. They are invited to observe court testimony and attorney consults and participate in research as time and interest allows.

At the beginning of the internship year, all interested interns are invited to a meeting with CSTC's licensed psychologist supervisors. This meeting affords a matching of interns' interests and experiences with available rotation experiences. This process is continued individually when an intern expresses interest in a rotation at CSTC. In the past, interns have been able to select half clinical and half forensic or all clinical CSTC rotations or all juvenile forensics. There are also opportunities for cross-cottage experience and participation. Licensed psychologists provide intern supervision consistent with APA requirements. However, because there is much to learn from professionals in other disciplines, informal supervision with assigned multidisciplinary treatment team members also occurs.

At the onset of the rotation, the intern and supervisor together identify specific requirements for the rotation. Minimum expectations for a Clinical rotation on a cottage includes:

1. Testing and formal write-up of two comprehensive cognitive-personality assessments.
2. Two individual therapy cases.
3. Construction and implementation of one behavior management program.
4. Co-therapist participation in at least two groups.
5. Active leadership for one patient, including treatment coordination, community contacts, and consultations.
6. Ongoing participation on a multidisciplinary team, including attending treatment plan reviews, rounds, family staffing, clinical meetings, intake evaluation, etc.

Further suggested activities include:

1. Participation in forensic evaluations, report writing and research.
2. Family therapy as a co-therapist.
3. School and community consultation.
4. Services for children who have sexual boundary issues and/or trauma history.
5. Participation in a cottage-wide behavioral management program (milieu).
6. Participation in several groups on Cottage (e.g., CBT groups, Dialectical Behavior Therapy, Narrative Therapy, Developmental Teaching/Developmental Therapy, Social Skills, Human Sexuality, Anger Management Groups, etc.).
7. Participation in adventure-based therapy; (e.g., recreation therapy, ROPES course, Climbing Wall, Ceramics, Doll making, Native American Drum making, etc).
8. Providing staff training on an area of expertise/interest.

Minimum expectations for a rotation in Forensic Services include:

1. Bi-weekly forensic evaluations, including attorney consultation, interviews of juveniles, psychological testing, interviews of guardians and other informants, record reviews and report writing. (Local travel may be requested for a subset of evaluations, but will not be required).
2. Independent research of issues as needed for evaluations (e.g., Asperger's Disorder, Early-Onset Psychotic Disorders, normal child development, best forensic practices, statutes and case law, etc).
3. Prepared attendance at weekly individual supervision, weekly group supervision meetings and forensic didactics.
4. As available and needed, participation in psycho-educational treatment for one juvenile found incompetent to stand trial and hospitalized at CSTC.
5. As available, observation of one juvenile court hearing addressing a forensic evaluation.

Further available experiences in the Forensic Services may include:

1. Participation in ongoing research on juvenile forensic issues.
2. Quality Improvement and Program Development projects within the Forensic Services.

SPECIAL COMMITMENT CENTER (SCC)

The Special Commitment Center (SCC) provides evaluation and treatment of court-referred individuals whose offenses include rape, incest, child molestation, and other forms of sexual deviancy. Services are provided in a secure and comfortable environment, with close monitoring. The clinical program, operated by the Department of Social and Health Services, is housed on McNeil Island while the forensic services unit is housed on the mainland in Steilacoom.

NOTE: Interns *must* complete one rotation at SCC, either on the island (clinical) or at the setting in Steilacoom (forensic). Two interns must complete a clinical rotation and the other two a forensic rotation. The SCC must have at least one intern on each rotation. Interns on the clinical rotation must take a ferry from Steilacoom to the island and then a shuttle from the ferry dock to the SCC facility. This is a 40 minute commute each way. Commute time to and from the site is not counted as part of the intern's 40 hour work week.

SCC's treatment program and residential environment are geared to help residents maintain responsible and appropriate interpersonal behavior which is respectful of privacy, boundaries, rules and limits. Respect for the welfare and dignity of others is considered an essential goal of treatment and a necessary component of any realistic re-offense prevention plan. Individual and group treatments are initiated following comprehensive assessment to determine an appropriate treatment plan. Risk-Need-Responsivity (RNR) and Relapse Prevention (RP) strategies provide the guiding principles of treatment. Psychoeducational services (i.e., social and interpersonal skills training and aggression replacement, which incorporates conflict resolution, anger management, and moral reasoning), provide detainees and residents opportunities to acquire knowledge and skills deemed necessary to cope with life in the community. In addition to sex offender specific programming, other services provide for medical, psychiatric, chemical dependency, educational, vocational, religious, cultural, and recreational needs. Due to the prevalence of personality disorders within this population, it provides the intern with an opportunity to work with numerous residents with significant interpersonal and cognitive deficits.

Committed residents must successfully complete the treatment program before a recommendation for release to a less restrictive placement is made to the Court of Commitment. Residents who successfully complete all designated treatment goals receive staff support for a less restrictive placement. Those who are discharged from the SCC main facility must continue with outpatient community treatment.

Legal Status

Chapter 71.09 of the Revised Code of Washington provides for the indefinite civil commitment of individuals designated "sexually violent predators". A Sexually Violent Predator is:

"any person who has been convicted of or charged with a crime of sexual violence and who suffers from a mental abnormality or personality disorder which makes the person likely to engage in predatory acts of sexual violence if not confined in a secure facility."

"Mental abnormality" means: *"a congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to the commission of criminal sexual acts in a degree constituting such person a menace to the health and safety of others."*

“Predatory” means: *“acts directed toward strangers or individuals with whom a relationship has been established or promoted for the primary purpose of victimization”.*

Detainees are initially placed at the SCC under a “hold” order pending their initial commitment trial. A community psychologist with expertise in sex offender issues provides an evaluation to the Court as part of the commitment process. Such psychologists, who complete assessments and compile a summary recommendation to the Court of Commitment, evaluate all detainees. Their recommendations address three critical commitment questions:

1. Has the individual been convicted of or charged with a crime of sexual violence?
2. Does the individual suffer from a mental abnormality or personality disorder which predisposes the person to the commission of criminal sexual acts?"
3. Is the individual likely to engage in predatory acts of sexual violence if not confined in a secure facility?

If the initial commitment evaluation recommends commitment, a trial is held to determine whether or not the person meets statutory criteria defining a "sexually violent predator." A resident determined by the Court to meet this criteria is then placed in SCC as a resident, rather than a “detainee” awaiting a court hearing.

Residents committed to the SCC as “sexually violent predators” are subject to procedures governing the management of persons committed as mentally ill and dangerous who are court-ordered to reside in secure surroundings until the Court allows greater freedom.

SCC Psychologists report to the Court annually regarding a resident's progress at SCC and whether the individual's risk to re-offend has changed. The resident may petition the Court for release at any time. If residents successfully complete designated treatment goals, SCC staff will support them in moving to a community transition program

Rotation

SCC provides one rotation for each of the four interns from Western State Hospital during the course of the internship year. The rotation can either be within the Clinical Department on the island with an emphasis on group and individual therapy or within the Forensic Services Department. The Forensic Services rotation is solely assessment. SCC interns may also attend a weekly meeting of the Senior Clinical Team, where cases are discussed and a therapist or psychologist presents a case for review.

Interns completing a clinical rotation on the island are expected to undertake the following:

1. With a psychologist, participate in weekly 1:1 counseling sessions with residents on the psychologist's caseload. Interns may also be assigned a small caseload of residents, with whom they may conduct individual therapy sessions, initially under a psychologist's supervision.
2. Co-facilitate sex offender treatment groups and psycho-educational modules, such as Dialectical Behavior Therapy, TruThought, Healthy Relationship, etc.
3. Write resident treatment plans that will be reviewed by a team psychologist.
4. Write class and group summaries for residents.
5. Write progress notes, following the accepted professional format, summarizing group or individual sessions with residents.

6. Write psychosocial summaries for new residents.

A written evaluation of the intern's progress is provided at the end of the rotation.

The intern participating in the SCC Forensic rotation will learn the essential components of assessing sexual offenders, with an emphasis on Sexually Violent Predators. This rotation will have a strong didactic component, with an emphasis on learning the literature, given the high level of knowledge that is required of individuals working in this specialized area of the field. The intern will have the opportunity to practice scoring actuarial risk measures, participate in case conceptualization, and observe interviews of SCC residents. However, the intern will not complete an evaluation of a resident, given the possibility of intense legal scrutiny on any such evaluation. Rather, another option will be chosen, with input from the intern, for the written component of this rotation. Interns get an opportunity to observe expert witnesses testifying in court about residents undergoing the civil commitment process and/or in the process of depositions. Interns also prepare a lecture on a related topic of interest for presentation at the Forensic Services meeting.

SEMINAR SERIES

Interns are expected to attend regularly scheduled seminars presented for them. Topics include theoretical and practical aspects of assessment, psychopathology, treatment, and professional and ethical issues. The following are representative:

Clinical Supervision
Consultation
Ethics
Diversity
Various neuropsychological topics

A forensic mental health seminar series is also provided. This consists of three consecutive tracks: Criminal Forensic & Foundations, Civil, and Correctional. Interns must participate in the 12-session Criminal Forensic & Foundations track. Each session is three hours in length. The following topics are representative:

Competency to Stand Trial	Sample Expert Testimony: Critique & Discussion
Criminal Responsibility	Sample Case Reports: Critique & Discussion
Diminished Capacity	Reports and Testimony
Violence Risk Assessment	Clinical-Forensic Judgment
Intoxication Defenses	Psychological Test Evidence
Juvenile Forensic Evaluations	Psychological and Psychiatric Evidence

After completing the Criminal Forensic & Foundations track, interns have the option to participate in Civil and Correctional track seminars with the Forensic Seminar Series.

THE PUGET SOUND COMMUNITY

Situated on a very attractive campus in a metropolitan area, Western State Hospital is close to Tacoma and Seattle, with many educational and recreational activities available. Such amenities as shopping, dining, and medical facilities are easily accessible in both cities and environs. The Canadian border and the city of Vancouver, British Columbia are within a 3-hour drive and the city of Portland, Oregon is just over 2 hours away. The maritime climate is moderate, with temperatures rarely reaching 90 degrees in the summer or falling below 25 degrees in the winter.

Nearby recreational facilities include skiing, boating, fishing, clamming, hiking and mountain climbing. Mount Rainier, at over 14,000 feet, is approximately 70 miles from Tacoma. Music, theater, and other arts activities are available, with opportunities for participation as well as attendance. Educational facilities in the area include the University of Washington, Pacific Lutheran University, Seattle Pacific University, Seattle University, University of Puget Sound, and several community colleges, including Pierce College, which is located adjacent to Western State Hospital.

**WESTERN STATE HOSPITAL
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***Denotes Former Western State Hospital Intern**

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Director

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Internship Training Director

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Psychiatric Treatment and Recovery Center

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California School of Professional Psychology- Berkeley/Alameda

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HAMID NAZEMI, PhD

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Neuropsychology

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**CHILD STUDY AND TREATMENT CENTER (CSTC)
PSYCHOLOGY DEPARTMENT**

***Denotes Former Western State Hospital Intern**

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Utah State University

Early Adolescent Program – Ketron Cottage

FRANCES LEXCEN, PhD

University of Virginia

Forensic Services

RICK MEHLMAN, PhD

(ex-officio)

University of Kansas

CEO

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Child Program-Camano Cottage

***BARRY WARD, PsyD**

Baylor University

Child Program-Orcas Cottage

**SPECIAL COMMITMENT CENTER (SCC)
PSYCHOLOGY DEPARTMENT**

***Denotes Former Western State Hospital Intern**

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Forest Institute of Professional Psychology

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